Joint Commission on Health Care
Behavioral Health Care Subcommittee
October 26, 2004

I. Memorandum of Understanding w/VACSB, VADOC, and DMHMRSAS

II. DMHMRSAS Innovative Practices Website

III. Forensic Evaluation Data Reporting System: OESSCV/DMHMRAS

IV. SJR 81: DMHMRSAS Forensic Work Group

I. CSB/DOC/DMHMRSAS Memorandum of Understanding

- **Mandated: (SJR 97/HJR 142, 2002); JCHC BHC Subcommittee 2003;**
- **VADOC and DMHMRSAS were requested to:**
  - examine ways to ensure offenders' access to appropriate medications and
  - the management of medications for offenders when they are released from state correctional facilities.
  - The Departments shall include in their recommendations the contents required in a memorandum of agreement to ensure continuity of care for offenders in post-incarceration status.
- Endorsed 2004: NGA Virginia Prisoner Reentry Policy Team

Current CSB-DOC/Community Corrections Activities

- **Virginia CSBs have existing MOAs with CC to provide SA tx and other services**
  - 31 CSBs have 49 current MOAs with CC
  - Total value for FY 04: $2,278,205
  - Largest contractor: Fairfax-Falls Church CSB: ca. $500,000 total
- "MOU" format chosen to distinguish individual CSB contracts from this joint agreement

CSB/DOC/DMHMRSAS MOU: DOC portion

- ***DOC Provisions:***
  - Begin discharge planning on admission; Use assessment instruments, as feasible
  - Develop pre-release "Template" for referrals; Coordinate information exchange; 90 day advance notice of release to regional Community Corrections, CSB, DRS and DSS prior to inmate release
  - Improve SSI/SSDI/Medicaid application process for inmates; Disseminate info re: Medicaid eligibility rules; Verify application for disability benefits;
  - Designate local Community Corrections liaison to CSBs & DMHMRSAS

CSB/DOC/DMHMRSAS MOU: DOC portion, cont…

- For inmates requiring hospitalization, provide DMHMRSAS w clinical/criminal info 45 days prior to commitment hearing, pursuant to Code § 51.3-40.9
- Send copy of Treatment Summary and Discharge Plan to CSB and CC 30 days before inmate release date; Inform CSB of any sex offender history of inmate, prior to referral
- For inmates w Axis I MH disorders, provide 31 day supply and Rx for refill upon release
- Notify inmate of payment responsibilities for tx
- CC will notify CSB of inmate problems on supervision
- Participate in cross-training with CSB/DMHMRSAS

CSB/DOC/DMHMRSAS MOU: CSB portion

- ***CSB Provisions:***
  - Establish treatment planning process for released inmates who qualify for CSB services
  - Provide treatment info, as appropriate, to DOC/CC
  - Develop interagency review process with DOC for service-active offenders
  - Notify offenders of costs of tx; sliding scale info
  - Maintain a confidential tx record, as with all cases
  - Participate in cross-training with DOC/DMHMRSAS

CSB/DOC/DMHMRSAS MOU: DMHMRSAS portion

- ***DMHMRSAS Provisions:***
  - Promote and coordinate implementation of the MOA/MOU
  - Provide access to DMHMRSAS Aftercare Pharmacy for active CSB cases who are released offenders, as feasible
  - Ensure access to any needed Technical Assistance
  - Coordinate commitments from the DOC to the DMHMRSAS
  - Coordinate with CC re: supervised offenders in DMHMRSAS facilities. Involve CSBs in discharge planning process
  - Develop statewide cross-training program w/ CSBs/DOC

MOU Issues and Terms: DSM IV Axis I and Axis II

- CSBs have defined population to be served as:
- ***"Offenders with Axis I disorders having mental health and/or substance abuse tx needs."***
- Axis I and Axis II are DSM-IV terms indicating types of disorders:
  - ***Axis I*** **includes both major mental illness (e.g., schizophrenia) and mild adjustment problems (anxiety disorders); other conditions needing clinical attention**
  - ***Axis II*** **includes Personality Disorders and Mental Retardation**

MOU Issues and Terms: DSM IV Axis I and Axis II, cont…

- Those with Axis II Personality Disorders:
  - Not always good candidates for MH tx
  - Able to care for themselves in most respects
  - Includes those with ***Antisocial Personality Disorder (APD)***
- *Bottom Line:* Many DOC inmates have APD or other Axis II disorder
  - CSBs report lack of capacity to serve all in this group, but will address Axis II treatment needs in some instances
  - Offenders with MR may also need CSB services

MOU Recommendations

- Via budget language, provide funding to each agency for full implementation, including psychotropic medication expense
- Support DOC goals of upgrading current database and risk/needs assessment infrastructure
- Fund joint DOC/CSB Pilot Programs in Norfolk, Richmond, Fairfax (15% of released offenders)
- Consider VASAVOR as potential model

II. DMHMRSAS Innovative Practices Website

- Mandated by SJR 97. SJR 81:
  - That the Department …be encouraged to provide nonfinancial assistance in developing demonstration projects designed to divert individuals with mental illness, substance abuse, and co-occurring disorders from jail or secure detention. ***The Department is requested to incorporate information within its web-based Internet site about such programs…***

II. DMHMRSAS Innovative Practices Website, cont.

- DMHMRSAS currently provides training to MH/CJ experts via contract w/UVA Institute of Law, Psychiatry and Public Policy (ILPPP)
- Joint development provides for academic review of program contents
- ILPPP website frequently accessed by MH/CJ experts
- Website planning 2003; currently near full operation
- www.ilppp.virginia.edu/Research Initiatives/innovativepractices.html
- Content of website will include “promising” practices from state and national entities

III. OESSCV/DMHMRAS Forensic Evaluation Data Reporting System

- Requested by JCHC BHC Subcommittee in 2004
- Many forensic evaluations completed for Virginia criminal courts each year by community-based evaluators
- This practice has been promoted by the DMHMRSAS for 30+ years
- No previous info available re: total #s of community evaluations
- Cost of “outpatient” evaluation a fraction of est. $15,000 at state hospitals; provides for fewer admissions and less restrictive approach

III. OESSCV/DMHMRAS Forensic Evaluation Data Reporting System, cont.

- Evaluators reimbursed by Supreme Court Executive Secretary Office
- Supreme Court Executive Secretary developed reporting system beginning July 1, 2004
- This data collection initiative:
  - Enables DMHMRSAS to provide accurate data to Virginia General Assembly, re: Trends and resource needs in MH/CJ practice
  - Will provide direction for planning and funding forensic evaluation training
  - Facilitates completion of post-hoc qualitative research

III. OESSCV/DMHMRAS Forensic Evaluation Data : FY 2005 First Quarter

- Evaluation Type/ # of evals/ Fees paid
  - Adult Trial Competency: 144 evals; $28,825
  - Adult Sanity/Comp&Sanity: 300 evals; $105,806
  - Juvenile Trial Competency: 25 evals; $7,100
  - Capital Sentencing: 4 evals; $11,200
  - Pre-sentence: 10 evals; $3,000
  - Sex offender (post conviction): 43 evals; $25,000
  - Sexually Violent Predator (defense): 1 eval; $1,096

III. OESSCV/DMHMRAS Forensic Evaluation Data : FY 2005 First Quarter Costs: Inpatient v. Community Evals

- **Adult Competency/Sanity Evals: 444**
  - Total cost for community evals=$134,631
  - Inpatient comparison cost=$6,660,000*
- **Juvenile Competency Evals: 25**
  - Total cost for community evals=$7,100
  - Inpatient comparison cost=$525,000**

*based on 30 day hospital stay @ $500/day

**based on 30 day hospital stay @ $700/day

IV. DMHMRSAS Forensic Work Group

- SJR 81, 2004: "…that the Department…be encouraged to provide nonfinancial assistance in developing demonstration projects designed to divert individuals with mental illness, substance abuse, and co-occurring disorders from jail or secure detention…and continue the activities of its Forensic Work Group."
- Work group has dual aim of responding to legislative mandates and DMHMRSAS restructuring agenda

IV. DMHMRSAS Forensic Work Group: Members

- Virginia Association of Community Services Boards
- Virginia Sheriffs Association
- Virginia Association of Regional Jails
- Virginia Department of Corrections
- Dept. of Criminal Justice Services
- Supreme Court of Virginia
- Judiciary representative
- Virginia DMHMRSAS
- NAMI Virginia; NAMI Northern Virginia
- Commonwealth's Attorneys Service Council
- Public Defenders Commission
- The Institute of Law, Psychiatry and Public Policy

IV. Forensic Work Group: Basic Approaches to Change

- **Reviewed the array of current diversion and system change components:**
  - Pre-arrest diversion
  - Pretrial diversion
  - Enhanced care during incarceration
  - Post-sentence diversion
  - Improved placement and aftercare
  - Cross-training of all agents in the system

IV. Forensic Work Group:
Model Programs

- Henrico Co. Jail:
  - Innovative programs for offenders
  - Social Recovery approach to SA treatment
- Montgomery Co. Crisis Intervention Team
- Chesterfield Day Reporting Center
- Norfolk MH Court
- HPR IV Jail Services Team

IV. Forensic Work Group: General Goals

- Use of community-based approach for those with MH/SA tx needs & Criminal Justice involvement
- Divert those w/MH treatment needs from arrest and incarceration; divert at earliest, most appropriate stage in the process
- Improve Jail and Detention Center MH and SA treatment services
- Decrease wait times for necessary hospital treatment

IV. Forensic Work Group Goals, cont.

- Promote cross-training of law enforcement and MH/SA personnel
- Obtain adequate funding for effective programs
- Synchronize work group activity with goals of JCHC Behavioral Healthcare Subcommittee
- Place special emphasis on Substance Abuse treatment
- Support recommended changes for the Juvenile Justice System

IV. Forensic Work Group Recommendations

- ***Request support from Behavioral Healthcare Subcommittee of JCHC to:***
  - Direct multi-agency (Comp. Board; DCJS; DMHMRSAS; VA Sheriffs Assn.; Regional Jails Assn.) collaboration for accurate accounting of jail inmates w/MH/SA treatment needs
  - Study ways to improve psychotropic meds formulary for jail and DOC inmates, (e.g., MOAs, use of unified purchase of meds, etc.)
  - Encourage reduction of DMHMRSAS hospital admissions via support of increased fees for community-based evaluations
  - Continue innovative grant-funded diversion programs in Montgomery Co., Roanoke, and Chesterfield w/state resources

IV. Forensic Work Group Recommendations, cont.

- Direct review of current Board of Corrections jail MH/SA regulations
- Support Virginia Prisoner Reentry activities of CSBs and DOC
- Improve Medicaid access for reentering jail inmates
- Fund community-based competency restoration programs (e.g., Norfolk)
- Enable Forensic Work Group to promote goals to key community groups, such as CCJBs
- Encourage/reward local initiatives for jail diversion (e.g., Norfolk MH court)
- Support the need for improved MH/SA services in juvenile detention centers

IV. Forensic Work Group Recommendations, cont.

- ***Via General Assembly/Budget:***
  - Provide resources for:
    - Continuation of current federally funded effective diversion programs in Virginia
    - MH/CJ cross-training initiative, through DCJS
    - Pilot Jail MH/SA treatment programs in 2-3 locations
    - Community-based diversion and competency restoration
    - Pilot DOC Community Corrections MH/SA tx programs in Norfolk, Richmond and Fairfax (w/CSBs)
    - Support additional MH and Drug courts in Virginia
  - Amend ***Virginia Code/Regulations*** where necessary to provide for